

SEP 12 2005

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FACSIMILE TRANSMITTAL SHEET

TO:

Mail Stop Amendment

FROM:

Kenneth Smolik

COMPANY:

U.S. Patent Office

DATE:

September 12, 2005

FAX NO.:

(703) 872-9306

TOTAL NO. OF PAGES: (Including cover sheet)

11

YOUR REFERENCE NO.:

10/007,824

OUR REFERENCE (C/M) NO.:

005222.00143

RE: U.S. Patent Appln. No. 10/007,824
In re: Beams, et al.
Creating a Virtual University Experience*If you do not receive all page(s) or have any problems receiving this transmission, please call:*

NAME:

Jeanine Richardson

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COMMENTS:

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| | | |
|--|----------------------|-------------------------------------|
| TRANSMITTAL FORM | Application Number | 10/007,824 |
| | Filing Date | November 5, 2001 |
| | First Named Inventor | Brian R. Beams |
| | Art Unit | 2143 |
| | Examiner Name | David E. England |
| (to be used for all correspondence after initial filing) | | |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number 005222.00143 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover sheet |
| Remarks The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------|----------|--------|
| Firm | Banner & Witcoff, LTD. | | |
| Signature | <i>Kenneth F. Smolik</i> | | |
| Printed Name | Kenneth Smolik | | |
| Date | September 12, 2005 | Reg. No. | 44,344 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature | <i>James Ware</i> | Date | 9-12-05 |
| Typed or printed name | James Ware | | |

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SEP 12 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 05222.00143)

In re U.S. Patent Application of Beams, et. al.)
Application No. 10/007,824) Examiner: England, David E
Filed: November 5, 2001) Group Art Unit: 2143
For: CREATING A VIRTUAL UNIVERSITY)
EXPERIENCE)

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Notice of Non-Compliant Amendment mailed August 12, 2005. The Examiner set a one-month period for response, thus making this response due on or before September 12, 2005. It is believed there is no fee due in connection with this filing. If a fee is due, the Office is authorized to charge such a fee to Deposit Account No. 19-0733.

Please amend this application as follows:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.